

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 10/01-11/01/ +0.1%

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -) **</u> |
|---------------------------------|---|--|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Croup Hail | | |
| 15. Other <u>Businessowners</u> | <u>16,545,961</u> | <u>+0.1%</u> |
| <u>Line of Insurance</u> | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify: SEE FILING MEMORANDUM

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): RULE & FORM CHANGES APPLICABLE TO OUR INDEPENDENT BUSINESSOWNERS PROGRAM

* Adjusted to reflect all prior rate changes.
 ** Change in Company's premium level which will result from application of new rates.

AMCO Insurance Company
 Name of Company

STEVE MERCHANT - SR. FILING ANALYST
 Official - Title

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 2/25/2007 New Business and Renewal

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|---|---|---|
| 1. Automobile Liability Private Passenger Commercial | _____ | _____ |
| 2. Automobile Physical Damage Private Passenger Commercial | _____ | _____ |
| 3. Liability Other Than Auto | _____ | _____ |
| 4. Burglary and Theft | _____ | _____ |
| 5. Glass | _____ | _____ |
| 6. Fidelity | _____ | _____ |
| 7. Surety | _____ | _____ |
| 8. Boiler and Machinery | _____ | _____ |
| 9. Fire | _____ | _____ |
| 10. Extended Coverage | _____ | _____ |
| 11. Inland Marine | _____ | _____ |
| 12. Homeowners | _____ | _____ |
| 13. Commercial Multi-Peril | _____ | _____ |
| 14. Crop Hail | _____ | _____ |
| 15. Other <u>Rental Owners</u> <u>Line of Insurance</u> | \$348,296 | 12.35% |

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

American National Property And Casualty Company
Name of Company

Byron W. Smith, VP and Actuary
Official - Title



RECEIVED

APR 18 2007

IDFPH (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 06/01/2007

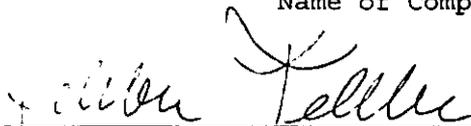
| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|--|---|-------------------------------------|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other CMP 5.2 (liability PORTION) <u>Financial Institution Pkg</u> Line of Insurance | 68,153 | +5.36 |

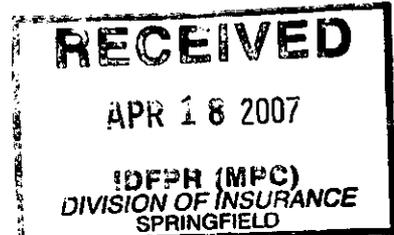
Does filing only apply to certain territory (territories) or certain classes?
If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of ISO General Liability Loss Cost

* Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will result from application of new rates.

BancInsure, Inc.
Name of Company

 Asst. Vice President
Official - Title



Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 10.01.2007

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|--|---|-------------------------------------|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other Special Insurance Package | 1,244,607 | +4.1% |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes?
If so, specify: N/A

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Filing revisions to the CUMIS Special Insurance Package.

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

CUMIS Insurance Society, Inc.
Name of Company

Ferdie D Svoboda
Official - Title

Change in Company's premium or rate level produced by rate revision effective

9-1-2007

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|--|---|-------------------------------------|
| 1. Automobile Liability Private Passenger Commercial | | |
| 2. Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Farm Liability, Rule 38</u> Line of Insurance | 2,743 | -5.1% |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

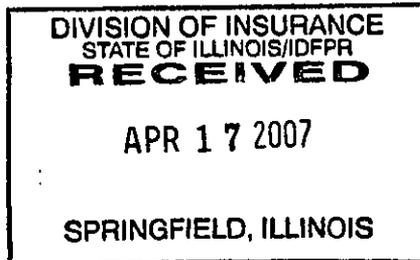
N/A

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

ISO Reference Filing FR-2006-RLA1

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.



EMC Insurance Companies
Name of Company

Linda Samson, Assistant Secretary
Official - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/2008

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|---|---|---|
| 1. Automobile Liability Private Passenger Commercial | _____ | _____ |
| 2. Automobile Physical Damage Private Passenger Commercial | _____ | _____ |
| 3. Liability Other Than Auto | _____ | _____ |
| 4. Burglary and Theft | _____ | _____ |
| 5. Glass | _____ | _____ |
| 6. Fidelity | _____ | _____ |
| 7. Surety | _____ | _____ |
| 8. Boiler and Machinery | _____ | _____ |
| 9. Fire | _____ | _____ |
| 10. Extended Coverage | _____ | _____ |
| 11. Inland Marine | _____ | _____ |
| 12. Homeowners | _____ | _____ |
| 13. Commercial Multi-Peril | _____ | _____ |
| 14. Crop Hail | _____ | _____ |
| 15. Other <u>Businessowners</u> Line of Insurance | \$7,579 | +2.6% |

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

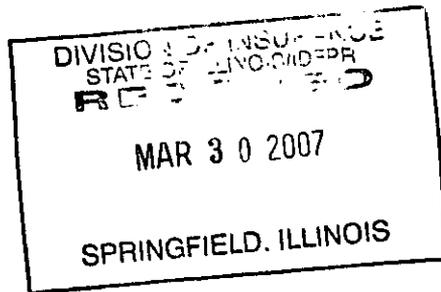
Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____
 Adoption of ISO 2006 Program-BP-2005-RLA1 and BP-2006-RLA1 and Loss Cost Multiplier Revision

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Employers Insurance Company of Wausau
Name of Company

Sherry Burnett State Filings Analyst
Official - Title



SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective June 1, 2007

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|----------------------------------|---|-------------------------------------|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>CMP - Liability</u> | <u>401,871</u> | <u>68.6%</u> |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

We are filing to adopt ISO's 2004 Commercial General Liability forms and rating, 2004 Commercial Umbrella forms, endorsement forms, and our independent declarations page.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.



H29219D

Florists' Mutual Insurance Co.
Name of Company

Kevin Kloever, Compliance Specialist
Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 7/1/07

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|--|---|-------------------------------------|
| 1. Automobile Liability Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other Commercial | \$51,351 | .167% |
| Liability Plus | | |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
N/A

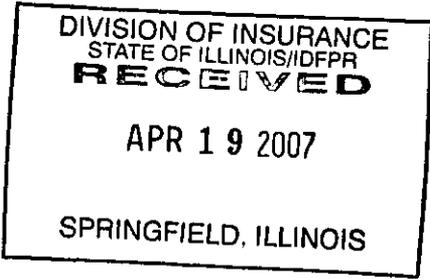
Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Increase Commercial Liability Plus Coverage flat rate from \$150 to \$175 per policy.

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

Frankenmuth Mutual Insurance Com
 Name of Company

Mercia Meyer
R&D Analyst II
 Official - Title





Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 10/01-11/01/ +0.1%

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -) **</u> |
|---------------------------------|---|--|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Croup Hail | | |
| 15. Other <u>Businessowners</u> | <u>16,545,961</u> | <u>+0.1%</u> |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify: SEE FILING MEMORANDUM

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): RULE & FORM CHANGES APPLICABLE TO OUR INDEPENDENT BUSINESSOWNERS PROGRAM

* Adjusted to reflect all prior rate changes.
 ** Change in Company's premium level which will result from application of new rates.

NATIONWIDE MUTUAL INSURANCE COMPANY
 Name of Company

STEVE MERCHANT - SR. FILING ANALYST
 Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective August 6, 2007.

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|------------------------------------|---|---|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Worker's Compensation | | |
| 16. Other <u>Mortgage Guaranty</u> | <u>\$5,785,137 (2005)</u> | <u>0.00%</u> |

Does filing only apply to certain territory (territories) or certain classes?

If so, specify: N/A

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
2007 LPMI – The purpose of this filing is to introduce a new rate structure for Lender Paid Rates. This filing will help expand our market and create a more complete Lender Paid solution for our lenders.

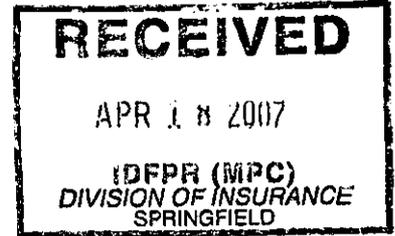
*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.



Triad Guaranty Insurance Corporation
 Name of Company

Raylene Newsome, Jr. Rating & Compliance Analyst
 Title



ILLINOIS SUMMARY SHEET

FORM RF-3

LOB: Commercial Property

Change in Company's premium or rate level produced by rate revision effective 10/1/2007

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|--------------------------------------|---|---|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Workers Compensation | | |
| 16. Other <u>Commercial Property</u> | <u>4,402,735</u> | <u>-4.4%</u> |
| <u>Line of Insurance</u> | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Adoption of ISO's loss costs and rules with new loss cost multipliers.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Universal Underwriters Insurance Company
 Name of Company

Cindy Winans, Governmental Affairs Specialist
 Official - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/2008

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|---|---|---|
| 1. Automobile Liability Private Passenger Commercial | _____ | _____ |
| 2. Automobile Physical Damage Private Passenger Commercial | _____ | _____ |
| 3. Liability Other Than Auto | _____ | _____ |
| 4. Burglary and Theft | _____ | _____ |
| 5. Glass | _____ | _____ |
| 6. Fidelity | _____ | _____ |
| 7. Surety | _____ | _____ |
| 8. Boiler and Machinery | _____ | _____ |
| 9. Fire | _____ | _____ |
| 10. Extended Coverage | _____ | _____ |
| 11. Inland Marine | _____ | _____ |
| 12. Homeowners | _____ | _____ |
| 13. Commercial Multi-Peril | _____ | _____ |
| 14. Crop Hail | _____ | _____ |
| 15. Other <u>Businessowners</u> Line of Insurance | \$15,866 | +19.1% |

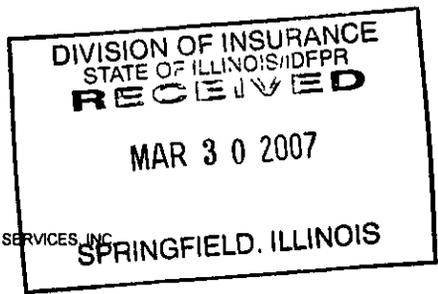
Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Adoption of ISO 2006 Program-BP-2005-RLA1 and BP-2006-RLA1 and Loss Cost Multiplier Revision

*Adjusted to reflect all prior rate changes.
 **Change in Company's premium level which will result from application of new rates.

Wausau Business Insurance Company
 Name of Company

Sherry Burnett State Filings Analyst
 Official - Title



**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 7/1/2007

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|---|---|---|
| 1. Automobile Liability Private Passenger Commercial | _____ | _____ |
| 2. Automobile Physical Damage Private Passenger Commercial | _____ | _____ |
| 3. Liability Other Than Auto | _____ | _____ |
| 4. Burglary and Theft | _____ | _____ |
| 5. Glass | _____ | _____ |
| 6. Fidelity | _____ | _____ |
| 7. Surety | _____ | _____ |
| 8. Boiler and Machinery | _____ | _____ |
| 9. Fire | _____ | _____ |
| 10. Extended Coverage | _____ | _____ |
| 11. Inland Marine | _____ | _____ |
| 12. Homeowners | _____ | _____ |
| 13. Commercial Multi-Peril | _____ | _____ |
| 14. Crop Hail | _____ | _____ |
| 15. Other <u>Pizza Hut Progam - CMP</u> Line of Insurance | -556 | -0.6 |

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____
 Submission of Revised State Company Exception CO-EX-ML-IPHFHA-1 thru 5

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Wausau Underwriters Insurance Company

Name of Company

Polly Becker

State Filings Analyst

Official - Title



ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/2008

Table with 3 columns: (1) Coverage, (2) Annual Premium Volume (Illinois)*, (3) Percent Change (+ or -)**

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Adoption of ISO 2006 Program-BP-2005-RLA1 and BP-2006-RLA1 and Loss Cost Multiplier Revision

*Adjusted to reflect all prior rate changes.
**Change in Company's premium level which will result from application of new rates.

Wausau Underwriters Insurance Company
Name of Company

Sherry Burnett State Filings Analyst
Official - Title

